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PTO/SB/81 (02-01)

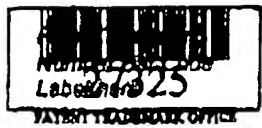
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	Filing Date	
	First Named Inventor	Holly Friedmann
	Title	Shock absorbing ...
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	4915.001

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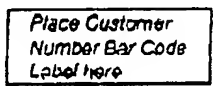
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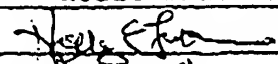
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name	HOLLY FRIEDMANN
Signature	
Date	4-16-04

**PLEASE SIGN & DATE**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

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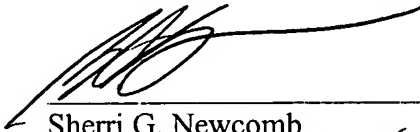
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APPLICANT : Holly Friedmann  
APPLICATION NO.: 10/826,873  
FILED: 04/16/2004  
FILE NO: 4915.001

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I HEREBY CERTIFY that the following correspondence: ***RESPONSE TO NOTICE TO FILE MISSING PARTS; COPY OF NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION; EXECUTED DECLARATION AND POWER OF ATTORNEY; CHECK IN THE AMOUNT OF \$450.00 TO COVER THE FILING FEE AND SURCHARGE FEE; and RETURN POSTCARD FOR CONFIRMATION OF RECEIPT*** is being deposited with the United States Postal Service with sufficient postage, as first class mail in a prepaid envelope addressed to: Mail Stop Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 17<sup>th</sup> day of August, 2004.

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Sherri G. Newcomb  
Date: 08/17/2004

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